

No. 78473

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98473 Office of Registrar of Marriages, Deaths, and Burials Ward 11

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within a reasonable time after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 8 March 1887
Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Harry E. Raffler
Sex, Male or Female, { Cross out the word not required in this line. }
Age, 30 Years, Months, Days
Color, White
Married, Single, Widow or Widower, { Cross out the words not required in this line. }
Occupation, Book Keeper
Birth Place, { State or country, and how long in the United States, if of foreign birth. } Chilly Island
Duration of Residence in the City of Baltimore, nearly all his life
Place of Death, { Give Street and Number. } 126 N. Chester
Cause of Death, { First (Primary), Phthisis Pulmonalis
Second (Immediate), Exhaustion
Duration of Last Sickness, about 4 weeks

All the above information should be furnished by the Physician.

Place of Burial, Greenmount
Date of Burial, March 10 1887
Undertaker, Lenny & Mitchell
Place of Business, 530 W. Fayette Address, 1835 E. Balto. St.
E. P. Jones M. D. Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

and to be filled out by the Physician, and to be used in case of diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9847 Office of Registrar of Vital Statistics Ward 13²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within 24 hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPERLY FILLED CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, 7th March 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Anne B. Glasgow.

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 71 Years, Months, Days

Color, wt

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 701 W. Fayette St.

Cause of Death, { First (Primary), obstruction of Bowels }
{ Second (Immediate), }

Duration of Last Sickness, 10 Days

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemetery

Date of Burial, March 9th 1887

{ Undertaker, Henry J. Mitchell } E. P. Little M. D.
Medical Attendant.

{ Place of Business, 530 W. Fayette } Address, Fayette & Fremont.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98475 Office of Registrar MANITG Ward 11th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 7th 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria C French

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 92 Years, _____ Months, _____ Days

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Maryland

Duration of Residence in the City of Baltimore, 30 years

Place of Death, { Give Street and Number. } 10 E Madison St

Cause of Death, { First (Primary), Second (Immediate), } Old Age

Duration of Last Sickness, about 10 days

All the above information should be furnished by the Physician.

Place of Burial, Georgetown, D.C.

Date of Burial, March 9 / 87

{ Undertaker, Henry Mitchell } W D Keas M. D.

Medical Attendant.

{ Place of Business, 530 N Fayette } Address, 140 St Charles

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

458 (French)

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to List of Diseases on Back of this Certificate.

Board of Health, City of Baltimore,

Permit No. 98476 Office of Registrar of Health Statistics, Ward 7th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH

Date of Death, March 8th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Raymond C Moon

Sex, Male or ~~Female~~, { Cross out the word not required in this line. } male

Age, 2 Years, 10 Months, — Days,

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Infant

Occupation, —

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Balto Md

Duration of Residence in the City of Baltimore, Since Birth

Place of Death, { Give street and Number. } 1808 E Chase

Cause of Death, { First, (Primary,) Pneumonia Second, (Immediate,) asphyxia } + days

Duration of Last Sickness, —

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, March 10th

{ Undertaker, George Schilling } Darius E. White M. D. Medical Attendant.

{ Place of Business, Island Square } Address, 819 Madison Street

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the Burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.



Permit No. 98477 Office of Registrar of ~~Vital~~ Statistics Ward 8th

The Physician who attended any person in a last illness, is responsible for this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, March 7/87
Full Name of Deceased, Alice A. Klundish
Sex, Female
Age, 26 Years, _____ Months, _____ Days.
Color, White
Married, Single, Widow or Widower, ☒
Occupation, Laundress
Birth Place, Balto Co Md
Duration of Residence in the City of Baltimore, 11 Years
Place of Death, 909 French St
Cause of Death, Phthisis Pulmonalis
Duration of Last Sickness, 11 months

All the above information should be furnished by the Physician.

Place of Burial, Texas Balto Co Md
Date of Burial, March 9th
{ Undertaker, H. C. Wiedefeld } Edmund P. W. Devlin M. D.
Place of Business, 916 Greenmt Ave Address, 208 Careyville

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4582 Francis

[OVER.]

Persons are respectfully invited to the remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98478 Office of Registrar State Ward 12th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Mar 8 / 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria Anne Landstreet

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 72 Years, _____ Months, _____ Days

Color, White

Married, ~~Single~~, Widow or Widower, { Cross out the words not required in this line. }

Occupation, _____

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Ind

Duration of Residence in the City of Baltimore, 50 yrs

Place of Death, { Give Street and Number. } 1502 Madison Ave

Cause of Death, { First (Primary), Cancer Liver and Pylorus
Second (Immediate), Exhaustion and Debility caused by can

Duration of Last Sickness, about six months

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, March 9th 1887

{ Undertaker, Stewart Mowen } W. P. Meyer M. D. Medical Attendant.

{ Place of Business, 35 Park Ave } Address, 315 W Monument

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

No. 70277
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. *98479*

Office of Registrar

Health Department, City of Baltimore, Md.

Ward *9*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, *March 7 - 1887*

Full Name of Deceased, *Write legibly and spell correctly. If an infant not named, give names of parents.* *May Loais*

Sex, Male or Female, *Cross out the word not required in this line.* *female*

Age, *3 8* Years, *—* Months, *—* Days.

Color, *white*

Married, Single, Widow or Widower, *Cross out the words not required in this line.* *Married*

Occupation, *mil*

Birth Place, *State or country, and how long in the United States, if of foreign birth.* *Ohio*

Duration of Residence in the City of Baltimore, *23 years -*

Place of Death, *Give Street and Number.* *A. W. Cor. Hollidge & Saratoga*

Cause of Death, *First (Primary), Parturition*
Second (Immediate), Asthenia

Duration of Last Sickness, *2 4 hours -*

All the above information should be furnished by the Physician.

Place of Burial, *Ohle Sholan Cemetery*

Date of Burial, *March 9*

Undertaker, *Jacob Shrens*

Place of Business, *626 W Balto Address*

D. Shatt

M. D.

Medical Attendant.

423 Y. G. St. -

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 98480 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 7th 1887

Full Name of Deceased, Mary Foley { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Female { Cross out the word not required in this line. }

Age, 49 Years, 11 Months, 17 Days.

Color, white

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, Married { Cross out the words not required in this line. }

Occupation, Wife

Birth Place, Ireland { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 25 years

Place of Death, 703 Lexington St { Give Street and Number. }

Cause of Death, Pelvic Abscess & Ovarian Tumor { First (Primary), Second (Immediate), " " }

Duration of Last Sickness, Three years

All the above information should be furnished by the Physician.

Place of Burial, St. Mary's Cemetery

Date of Burial, March 10th

Undertaker, Chas. A. Raymond Thomas Opie M. D. Medical Attendant.

Place of Business, 324 N. Ches Address, 600 N. Howard St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No.

98481

Office of Registrar of Vital Statistics

Ward

20th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

Mar. 8. 1887.

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Bessie Schultz

Sex, Male or Female,

{ Cross out the word not required in this line. }

Female

Age,

2

Years,

10

Months,

Days.

Color,

W.

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Single

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

Watts City,

Duration of Residence in the City of Baltimore,

Life

Place of Death,

{ Give Street and Number. }

609 W. Townsend St

Cause of Death,

{ First (Primary),

Second (Immediate),

Abscess of Throat

Septicemia

Duration of Last Sickness,

5 or 6 days

All the above information should be furnished by the Physician.

Place of Burial,

Western Cemetery

Date of Burial,

Mar 9. 1887

{ Undertaker,

Martin Fisher

J. T. Role

M. D.

Medical Attendant.

{ Place of Business,

606 Townsend

Address,

1007 Lawrence St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

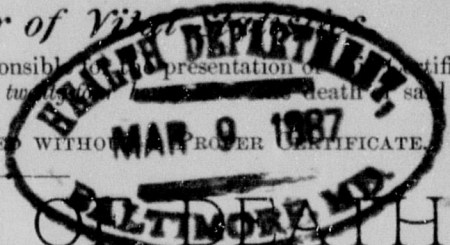
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 9848 Office of Registrar of Vital Statistics Ward 8th

The Physician who attended any person in a last illness, is responsible for presentation of this certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours of the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, March 9th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary E. Simms

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, Months, Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } City

Duration of Residence in the City of Baltimore, During life

Place of Death, { Give Street and Number. } 831 Mc Aleer St.

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness, 3 Months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, March 10th 1887

Undertaker, John E. Goral Edwin B. Fenby, M. D.
Medical Attendant.

Place of Business, Corlieu St. Address, 1201 N. Eden St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]